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ABSTRACT

Understanding why parents seek psychotherapy for their children is important for new therapists wishing to optimize the treatment process and outcomes. The development of an effective partnership with the child client's parents seems to be critical to treatment success although little research has explored the congruence of expectations between parents and therapists. Premature termination of therapy has been found to relate to differences in goal and outcome expectations between therapists and family members of clients. In the present study, responses of therapists and parents were compared using a between-subjects design in order to determine differences between these groups in terms of the way they conceptualize the objectives of therapy. Between-group t-tests of a sample of 67 parents and 12 therapists revealed significant differences relating to the objectives of normalization and behavior change. Therapists emphasize the importance of behavior change, while parents view normalization as more crucial than behavior change. Results are presented and discussed. Contains 15 references. (Author/EMK)

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Educating New Therapists about Differences Between
Parents' and Therapists' Expectations of Child Psychotherapy

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Abstract

Prior research has indicated that premature termination of therapy is sometimes due to a conflict in goal and outcome expectations between therapists and family members of clients. Soley, Marshall & Chambliss (1998) compared the treatment expectations of therapists and parents of child clients, and using a within-subjects design found some incongruities. In the present study, responses of therapists and parents were compared using a between-subjects design, in order to determine differences between these groups in terms of the way they conceptualize the objectives of psychotherapy. Between group t-tests of a sample of 67 parents and 12 therapists revealed significant differences relating to the objectives of normalization and behavior change. Therapists emphasize the importance of behavior change, while parents view normalization as more crucial than behavioral change.

Introduction

Understanding why parents seek psychotherapy for their children is important for new therapists wishing to optimize the treatment process (Sorenson, Kantor, Margolis, & Galano, 1979; Spaniol, Jung, Zipple & Fitzgerald, 1987; Woodard, Santa-Barbara, Levin & Epstein, 1978; Williams, 1994; Wierzbicki & Pekarik, 1993; Weisz, Weiss & Langmeyer, 1987). Consumer satisfaction is increasingly being emphasized in behavioral healthcare (Sorenson, Kantor, Margolis, & Galano, 1979). It is particularly relevant to the process of psychotherapy with children (Spaniol, Jung, Zipple, & Fitzgerald, 1987). Since

continuation of care with children is usually very dependent on the parents' motivation to make such treatment available, therapy that fails to meet the goals of parents is likely to result in premature termination (Byalin, 1993; Byalin, 1990; Casey & Berman, 1985; Gould, Shaffer & Kaplan, 1985; Gould, Shaffer & Kaplan, 1985; Goyne & Ladoux, 1973). In addition, effective treatment of children often involves collaborating with parents in developing more optimal environments within which children can thrive. The development of an effective partnership with the child client's parents therefore becomes critical to treatment success. While most would agree that a consensus on treatment objectives between therapists and parents of child clients is very important, little research has explored the extent to which parental expectations are in fact congruent with those of therapists (Weiss, Rabinowitz & Spiro, 1996). Soley, Marshall & Chambliss (1998) found that both therapists and parents emphasized the importance of behavior change over enhanced understanding, emotional change, assistance with decision-making, and provision of normalizing messages. However, this study's use of a within-subjects design did not permit a clear comparison between the therapist and parent groups surveyed. The present study used a between-subjects approach in order to assess these group differences.

Method

Therapists from a variety of local treatment centers were asked to record their responses on a questionnaire with 29 (Likert-format) items concerning parent's attitudes when bringing their child to therapy (See appendix A). The

therapists were asked to answer the questions as they believed a parent would answer it when bringing his or her child to therapy.

A sample of parents, solicited from child treatment sites, were asked to complete the same questionnaire as the therapists. Additional participating parents were contacted at a local fast food restaurant on the weekend while they were watching their children play in the play area.

A separate demographic questionnaire was provided for the therapists and for the parents of prospective and actual clients. The therapist's demographic questionnaire consisted of 8 items, while the parent's demographic questionnaire consisted of 6 items. All respondents were assured of anonymity. Responses were obtained from 12 therapists, consisting of 7 males and 5 females, and 67 parents, consisting of 44 females and 22 males. The mean age of the therapists was 40.92 years, with an average of 14.42 years of experience in the mental health care field. The mean age of the participating parents was 39.45 years. Approximately 67% of the therapists and 80% of the parents contacted actually completed the questionnaire. Both the therapists and the parents were from the suburbs of Philadelphia.

Thirty percent of the participating parents reported actually having a child in therapy. The remaining parents answered the questionnaire hypothetically, based on what their expectations would be if their child ever needed therapy.

Results

Relevant items were totaled for each subject, yielding five sub-scale scores assessing the treatment objectives: Normalization, Analysis, Decision-making, Behavior Change, and Affect Change.

Between group t-tests were used to compare item and sub-scale scores of therapists and parents. Significant differences emerged on three of the 25 items. Therapists perceived improving relating to others and handling situations more competently as more important than parents. Parents wanted their children to find out if they had a serious problem more so than the therapists expected.

Significant differences were also found on the normalization and behavior change sub-scales. Therapists perceived behavior change as more of a priority than parents. On the other hand, parents rated normalization more highly than the therapists (see tables).

Discussion

Overall, goals were similar for both therapists and parents with the exception of normalization and behavior change. This leads to the conclusion that therapists may take a broader approach to counseling and may view concrete behavioral changes as indicative of improvement. Conversely, the parent seems to understand the child's imminent need to fit in with others and wants the child to feel "normal." The parent believes if the child is back to normal, all other behavioral changes will fall into place. This difference in perspective would be expected given the broad background of training for therapists compared to a

parent who may look for the quickest way to get their child back to full mental and physical health.

Future studies are needed with a larger sample of therapists and parents of children who are actual, rather than prospective clients. Few of the parents who completed questionnaires (30%) had actual first-hand experience with therapy. In addition, results from this study analyzed pre-treatment expectations; future studies will need to evaluate the same sample for pre and post-treatment outcomes.

Table 1
Responses regarding expectations of treatment for a child client

	Therapist		Parent	
	M	SD	M	SD
Find out if child has a serious problem*	1.82	1.08	2.70	1.18
Learn to be more effective in relating to others**	3.91	.30	3.43	.73
Learn to handle situations more competently*	3.91	.30	3.37	.70
* $p \leq .03$				
** $p \leq .05$				

Table 2
Responses regarding categorical treatment objectives for a child client

	Therapist		Parent	
	M	SD	M	SD
Normalization Sub-scale**	12.00	3.63	14.31	3.34
Behavior Change Sub-scale*	17.91	1.64	16.38	2.73
* $p \leq .03$				
** $p \leq .05$				

Table 3
Sub-scale scores of therapists regarding treatment objectives for child clients

	M	SD
Normalization	12.00	3.63
Analysis	12.82	4.05
Decision-making	15.00	3.92
Affect Change	16.09	3.48
Behavior Change	17.91	1.64

Table 4
Sub-scale scores of parents regarding treatment objectives for their child

	M	SD
Normalization	14.31	3.34
Analysis	14.33	3.78
Decision-making	15.44	3.52
Affect Change	16.02	3.23
Behavior Change	16.37	2.73

Table 5
Significant findings concerning treatment objectives of parents and therapists

	Therapist		Parent		P _≤	t	df
	M	SD	M	SD			
Find out if child has a serious problem	1.82	1.08	2.70	1.18	.03	2.48	76
Relating to others	3.91	.30	3.43	.73	.05	2.09	76
Handle situations competently	3.91	.30	3.37	.70	.03	2.52	74
Normalization Sub-scale	12.00	3.63	14.31	3.34	.05	-2.09	74
Behavior Change Sub-scale	17.91	1.64	16.38	2.73	.02	2.55	73

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